

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000459814

Entity Name: FIEL WELLNESS CLINICA RESEARCH LLC

Current Principal Place of Business:

2141 SW 1TH ST
#203
MIAMI, FL 33135

Current Mailing Address:

2141 SW 1TH ST
#203
MIAMI, FL 33135

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FIEL, CRISPIN A
490 TAMIAMI CANAL RD
MIAMI, FL 33144 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title P
Name FIEL, CRISPIN A
Address 490 TAMIAMI CANAL RD
City-State-Zip: MIAMI FL 33144

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: FIEL,CRISPIN A

MANAGER

03/19/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date